

Report to the Legislature

Community's Commitment to Children

Whatcom County Family and Community Networks Pilot Project

Chapter 546 Laws of 2009
ESHB 1244 Sec. 202(18)

November 1, 2011

Department of Social & Health Services
Children's Administration
Division of Field Operations
PO Box 45710
Olympia, WA 98504-5710
(360) 902-7982



Table of Contents

Executive Summary	1
Proviso Language	2
Background of Collaboration	3
Description of Services	3
Outcome Measures	4
Contract	5
Summary of Whatcom Results	5
Overview of Replication & Sites	10
Results From Replication Sites	11
Conclusion	14

Executive Summary

Chapter 546, Laws of 2009 Sec. 202(18) requires the Children's Administration to contract for a pilot project with family and community networks in Whatcom County and up to four additional counties to provide services. The pilot project was designed to provide a continuum of services and supports to reduce out-of-home placements and the length of time that a child stays in a placement outside of their home. The focus of the "services" is re-engaging families with their community and building a network of informal, neighborhood supports. Additional pilot sites were established in Walla Walla, Island County, and Northshore/Shoreline network areas.

The children and families served by these pilots are families residing in the DSHS Children's Administration's geographic Region 2 North Hub and up to four additional counties in Washington state. The families include those currently engaged in Behavioral Rehabilitation Services (BRS), youth in out-of-home care, and youth at imminent risk of being removed from their home and placed in out-of-home care.

The Children's Administration and the community-based Whatcom Family and Community Network worked together over the last several years to create a strong partnership. This partnership produced exciting and promising community-based strategies to engage the full community with families that have historically remained socially isolated and at risk of re-abusing or neglecting their children.

This strong partnership and its collaborative work produced many of the concepts used in these pilots as to how a local community and the state can effectively partner in providing key community supports to children and families involved with the child welfare system. These new concepts include how the state can contract and work differently with the local community to help reduce barriers these families face when attempting to reunify their family or to prevent removal of a child from their home.

The strategies to achieve these results include linking formal and informal support to families that create a network of social supports. These supports can help move families out of the dependency system and support them in sustaining a healthy, supportive home where the child and the entire family can thrive.

As a component of measuring the success of this pilot, parents, relatives, and kin providers will be evaluated by measuring a demonstrated increase to their skills to provide a safe, supportive, and nurturing home for their child.

Community's Commitment to Children

Chapter 546, Laws of 2009 Sec. 202(18):

“Within the amounts appropriated in this section, the department shall contract for a pilot project with family and community networks in Whatcom County and up to four additional counties to provide services. The pilot project shall be designed to provide a continuum of services that reduce out-of-home placements and the lengths of stay for children in out-of-home placement. The department and the community networks shall collaboratively select the additional counties for the pilot project and shall collaboratively design the contract. Within the framework of the pilot project, the contract shall seek to maximize federal funds. The pilot project in each county shall include the creation of advisory and management teams which include members from neighborhood-based family advisory committees, residents, parents, youth, providers, and local and regional department staff. The Whatcom county team shall facilitate the development of outcome-based protocols and policies for the pilot project and develop a structure to oversee, monitor, and evaluate the results of the pilot projects. The department shall report the costs and savings of the pilot project to the appropriate committees of the legislature by November 1 of each year.”

This report provides an overview of the work completed over the time-period of July 2009 – June of 2011 and specific activity of both Whatcom and the replication sites between July 1, 2010 – June 30, 2011.

Background of Collaboration

The Whatcom Family & Community Network and the Region 2 North Hub (previously Region 3) Bellingham DCFS office have been working together on Family to Family, an Annie E. Casey Foundation initiative, since 2007. This strong collaborative partnership produced many of the concepts used in these pilots as to how a local community and the state can effectively partner in providing key informal services to children and families involved with the child welfare dependency system. These new concepts include how the state could contract and work differently with the local community to help reduce barriers these families face when attempting to reunify their family or to prevent removal of a child from their home.

The intent of the pilot projects is to develop and implement new approaches to service delivery in up to four additional counties in Washington State. The overall goal for the community and residents to step up as the primary sustaining support for these families so the state can safely return the child to their home. Four Family Policy Council Community Networks were ready to engage residents to achieve this goal, in partnership with the Children's Administration's Family to Family Initiative, and constitute the core for implementing this pilot design. The Whatcom Pilot Advisory Team provides oversight and coaching to the pilot sites in Island County, King County-North Shore/Shoreline, and Walla Walla County.

The new approaches used in the pilot sites are based on strategies of neighborhood-based community engagement and the expansion of social networks as "core-services." The Whatcom County Children's Administration's Family to Family Team developed these strategies together. These strategies focus on building a community of natural supports around families where social isolation is a primary cause of abuse/ neglect that requires, or is projected to require, a long-term dependency in the child welfare and foster care system.

Description of Services

Children and families served in the pilots include those:

- Currently engaged in Behavioral Rehabilitation Services (BRS), or
- Youth in other CA out-of-home placements, or
- Youth who are at imminent risk of out-of-home placement.

Services/Supports Families Receive

- Link to a Community Navigator who is a community-based support person who meets with the family and their DCFS and community team. A social support plan that includes links to emergent needs, community support services, and opportunities to build a larger, healthy social network is developed. The Navigator acts as a peer coach and community support person to help the parent

- develop the competencies and safety requirements needed for reunification.
- The Navigator provides coaching, advocacy, and reinforcement on child health, safety, and parenting that the family receives from other providers. This coaching is done with the parent and the other individuals and systems the family has for support.
- The Navigator and the Community Network engage the family in neighborhood activities and independently work with local residents to create healthy activities for families to share their skills and interests and participate with other residents.
- Volunteers in the community are recruited and families are linked to these volunteers for specific tasks, such as home repair and household items, and ongoing support such as transportation and childcare.
- The Navigators are supervised by Network staff.
- The pilot project uses outcome-focused training and coaching for Navigators in order to build skills, knowledge, and behaviors that produce desired project results.
- There are ongoing discussions with the Planning Team about evidence-based and community services that might be used to help achieve the outcomes of this project.
- Navigators have regular communication with DCFS social workers to assure communication, alignment of objectives, and a collaborative approach to family support.

Outcome Measures

Outcomes this project strives to achieve include:

- Stability of placements for clients whose families are together at the time of the referral, using measures developed by the Network and the department.
- Successful family reunification for clients with children in an out-of-home placement at the time of the referral.
- Reduced time to achieve permanency.

Parents, relatives, or kinship caregivers will gain demonstrated skill enhancement in several areas including:

- Knowledge and understanding of the mood, behavior, emotional, and educational disorders relevant to the children in their care.
- Skill to support their children and their biological families to cope with the children's moods, behavior, emotional and educational disorders.
- Knowledge and skill in navigating multiple systems involved with the care of their children, including government programs, schools, social service agencies, and other community programs.

- The ability to connect with and use community supports such as neighborhood groups, other parents/families, support groups, community gatherings and recreational activities, and appropriate faith-based activities.
- The ability to access and use appropriate professional services.
- The ability to access and use respite care services.
- The ability to follow through on treatment plans for children in their care.
- The ability to improve communications and quality of family interactions and relationships.
- To display a sense of confidence and hopefulness regarding the care of their children along with a decreased sense of isolation, hopelessness, blame, and failure.

Contract

The Whatcom team established a job description and key responsibilities for the peer Navigator position, developed service-reporting forms with core service objectives, and drafted evaluation protocols. The Whatcom Team and Region 2 North Hub DCFS staff developed a model contract for peer Community Navigators as the foundation of the new pilot projects' contract.

The Whatcom contract for the Navigator and community-building part of the contract was originally budgeted for approximately \$90,000 each year, depending upon state funding, to serve 24 families. The budget amounts for other pilot sites was set at \$25,000 by the Children's Administration based on availability of Stuart Foundation funding through August 2010 and local DCFS service funding. Additional Stuart Foundation funding was used for planning and travel in the initial pilot site development through August 2010. Budget reductions have resulted in the elimination of these contracts in all but Whatcom County.

Whatcom County Summary of Results

Overview of Whatcom families served

Initial family referrals for Navigator support began in September of 2008. Referrals were primarily families involved with Behavioral Rehabilitation Services (BRS). The referrals came from social workers, including Family Team Decision Making (FTDM) Facilitators, and BRS staff. A few of the first families had initiated their relationship with DCFS through voluntary services. In April 2009, when the first contract was signed, the Whatcom Family and Community Network began tracking the hours and type of supports, activities, and engagement with families.

Twenty-four (24) families were served in Whatcom during the July 1, 2009 – June 30, 2010. Half of the 24 families served during that time were continued from the previous year and had at least one child identified with severe behavioral challenges. Two of the Whatcom families referred after July 1, 2009 were involved with Behavior Rehabilitation

Services (BRS). Children ranged from infants to adolescents. Seventeen families lived in Bellingham and seven lived in the county, including Deming, Ferndale, Everson, and Maple Falls.

July 1, 2010 – June 30, 2011

Over the past year, the Community Navigator project operated by the Whatcom Family and Community Network received 21 referrals from the Children's Administration. These were typically complex cases, ranging from serving families with youth living out of home, some of which were receiving BRS, to children/youth living at home and at risk of out-of-home placement.

Family Characteristics

Characteristics of the 21 families include:

- Eleven households were single parent "head of household" and 10 were "couple" households.
- Caregivers ranged in age from 19 to 56 years of age.
- Eight of these families received a score of "high" on the Structured Decision Making (SDM) tool, an instrument used by CA to evaluate the level of risk to children within families; eight were rated "moderately high," and two were "moderate." The SDM was not completed for three families whose cases were open prior to the implementation of SDM.
- There were a total of 44 children represented in these families ranging in age from two weeks to 17 years old.
- Nineteen of the 21 families had previous involvement with the Children's Administration.
- Eleven families had identified substance abuse concerns; seven had domestic violence concerns; nine had physical abuse concerns; 17 had neglect concerns and 15 families had identified mental health concerns.
- Ten families had their children removed due to neglect concerns.
- While these families were predominantly Caucasian, other races/ethnicities represented included Hispanic, Asian, Lebanese, African American and Native American.
- Almost all of these families were receiving public assistance at the time of referral.
- A primary reason for referral was the high level of social isolation experienced by the caregiver(s) within their family.

Process and Outcomes Results of Whatcom Navigation Services Contract 2010-2011

Of 21 families referred, 18 families had some level of engagement with a Community Navigator. Two parents declined services and one parent was deported shortly after referral. The following are outcomes for the 18 families receiving Navigator services, as of October 12, 2011:

- Three of these families had youth with complex needs placed in Behavior Rehabilitation Services (BRS) at the time of referral. In one family, the youth has successfully returned home from BRS services and is stable. The other two families have youth remaining in out-of-home BRS care. However, one of these families had a total of three children placed out of home and two are now living with their family.
- Three families had their children placed in foster care at the time of referral. In one family, the child has returned home while the children from the other two families remain in out-of-home care.
- Six families had children in “Trial Return Home” status at the time of referral. Trial Return Home follows an episode of out-of-home care under court-ordered dependency status. It allows children to return home with CA oversight, structure, safety assessment and supports to achieve a safe and successful transition home and permanent reunification. This structure includes monthly Health and Safety visits by the assigned Social Worker. Of these six families, the children from four families remain in the family home. Children from two families have returned to relative or foster care.
- In two families, one child was in “Trial Return Home” status and remains home while another child was in an out-of-home placement and remains in out-of-home care.
- Four Family Voluntary Service families had their children living at home at the time of referral and these children remain at home. Families may receive Voluntary Services following a CPS investigation which results in a determination that CA oversight, structure and supports are needed to mitigate safety threats for abuse and neglect and these services may also be provided to families who self identify safety threats and ask for help. Family Voluntary Services assesses families for safety, needs and appropriate services and provides on-going case management including monthly Health and Safety visits. It is an alternative to court structure and the dependency process for appropriate families.

Process Information (July 1, 2010-June 30, 2011)

Families served	21
Total hours of service	870
Average length of engagement	6.5 months
Average number of hours per family	41
(One family received 136 hours of service, while several families referred in May/June had fewer hours)	
12- Month costs for client services	\$27,003
Average cost per family	\$1,286
Training costs	\$340
Total fiscal year costs	\$27,343

Process Information (July 1, 2011-September 30, 2011)

Families served	20
Total hours of service	390
3 month costs for client services	\$12,474
Average 3 month cost per family	\$624

Feedback from the Community Navigators

- The number of caregivers involved in the lives of children increased and the quality of parenting those children received improved during the course of service delivery.
- Caregivers involved in the project were connected with an average of six additional formal and informal community supports such as engagement with family/relatives, increased use of treatment and parent education resources, connections with education resources, connections to Veterans Administration, assistance with food, housing and transportation.
- Caregivers involved in the project increased their understanding of the steps necessary to parent their children without involvement with Children's Administration.
- The Community Navigator saw overall improvement in child safety for almost all families served over the past year.

Feedback from Social Workers who referred families

- Some overall increase of parental skill and ability to care for their children.
- Navigators were helpful in the area of improved child safety.
- There was overall improvement in the families' connections with a variety of informal and formal supports and in families supported by a collaborative team.
- At times there were communication issues between Social Workers and Community Navigators. This resulted in establishing more frequent meetings and phone calls between Social Workers and Community Navigators to resolve issues.

Comments from Social Workers

"The Navigator has modeled different parenting strategies that work better for the child. The mother is more confident in her parenting and less anxious when her child begins to escalate. With the improvement in the parent/child relationship, the child is less physically and verbally aggressive against her mother."

"I believe that without the Navigator in this family's world, the boys would have been placed back into foster care during this recent relapse on the mother's part."

"This case has involved a lot of different agencies, services, and family members. The Navigator was helpful in focusing in on the mother's needs and issues. I have always appreciated all the help the Navigators have provided. The Navigator is very thorough

and informative and helpful to clients. She is engaging and goes the extra mile. She keeps communication with me open and accessible.”

“Unable to determine the impact of the Navigator in this case; the family was ready to move forward.”

“The Navigator has been helpful in getting the parent to understand the Department’s concerns and how to go about making the changes necessary to keep his children safe. The Navigator helped the father communicate more effectively with the Department. This is a good alternative program that is not provided by professionals with degrees but by concerned and functional people in the community.”

“The Navigator is a strong advocate especially with being able to draw on her own experience working with behaviorally challenged children and what a successful transition and return home needs to look like.”

The Whatcom Family & Community Network used a Navigator who had already established a connection with a family. The Navigator had woven supports together with this family. The mother had recently relapsed; the father was prepared, with a little encouragement, to parent the two boys. According to the family’s social worker, the two boys would have re-entered the foster care system if it hadn’t been for the Navigator. Furthermore, the social worker believed the estimated amount of time reduced in the foster care system for this family was six months. The Navigator was instrumental in reinforcing both immediate and extended family relationships, in addition to friendships, which reduced the likelihood of re-entry once the case was closed.

Feedback from Parents served by the Community Navigators:

Parents receiving this service were asked to complete Evaluation Questionnaires describing their experience with the project and gains made. The following represents the average scores for each of 12 questions for the six parents who responded. They rated each question on a scale from 1-7; with 7 as “strongly agree” and 1 as “strongly disagree”

1. I feel my Community Navigator has been helpful to me.
Average score = 6.2
2. I have connected to other resources with the help of the Navigator.
Average score = 6.2
3. I feel/felt supported by the agencies and staff working with me.
Average score = 5.5

4. I feel my goals are being met through working with DCFS/CPS and other agencies.
Average score = 4.5
5. I believe that the community I live in can help me support my children.
Average score = 6.0
6. I have the friends and family support I need to support my family.
Average score = 6.2
7. I know what resources there are to support my family and am able to find them.
Average score = 5.8
8. I know how to build friendships that are healthy for me and my family.
Average score = 6.3
9. We often do things together with other families in the community.
Average score = 4.2
10. Our family often gets support and help from our friends and neighbors.
Average score = 4.5
11. Our family regularly helps out our friends and neighbors.
Average score = 4.3
12. I feel I understand more and have found ways to be a better parent.
Average score = 6.5

In the future this questionnaire will be completed by parents at both the beginning and end of Navigator services to better report on the impact of this project.

Overview of Replication & Sites

In July 2009, the Network and DCFS first convened the Whatcom County Planning Team to further refine the model and the contracting provisions needed to begin implementation. This team met monthly to further refine the project, provide oversight, and evaluate the results. The team included four DCFS Whatcom and regional staff, two parent participants, a local service provider, and two Network staff. The Family Policy Council staff worked with the Whatcom Team to develop the replication site criteria for new Networks. DCFS staff members in those sites were recruited to partner with the project. There is no additional funding for this proviso in the state budget. DCFS linked funding for Family to Family from the Stuart Foundation to support the start up of replication sites.

Replication Integrity

The Family Policy Council, Children's Administration, and the Whatcom Team provided coaching and orientation for representatives from the three additional pilot sites on model design and implementation requirements and expectations. This assured replication integrity and consistency.

Results from Replication Sites

North Shore/Shoreline – King County

The North Shore/Shoreline Network coordinated planning with DCFS, the Center for Human Services (CHS), and Parkwood School to focus Family to Family at this school and neighborhood. CHS contracted with Children's Administration and hired a part time staff. The Children's Administration agreed to fund a \$25,000 contract supporting the service to families for the 2010-2011 school year. The Network and CHS built a relationship between CA and Parkwood School that served 16 families at risk for out-of-home placement. Within those families, 13 had their children remain in the home and in two of the three families who experienced out-of-home placement, the department was able to minimize interruption to their school and community involvement. The Principal at Parkwood (PW), Laura Ploudre, commented about another type of community capacity building that resulted from the project. She stated, "...several children who received counseling on site at PW were helped significantly! Our connection also resulted in an outstanding social worker intern at PW--16 hrs per week. She did individual coaching for students with social skills needs as well as small group support regarding friendship skills. She has since been hired by the Shoreline Schools as a Family Advocate."

In addition, CA placement desk staff and case workers met at the school with local staff, foster parents and community members. During the planning of this project the Network scheduled an initial meeting with the principal. As the school staff waited in the office a woman entered, who was unknown to the school and had no appointment and asked to speak with the principal. The woman was a DCFS staff member who was there about a pending out-of-home placement of a Parkwood student. The school did not know about this case. Now, with the implementation of this project, the school's principal and several other staff members know the DCFS staff on a first-name basis and understand the full process for children, families and the department. Additionally, three foster parents in the neighborhood are now connected to the school. A recent communication from Natalie Green, Area Administrator for Region 2 South, indicated that they were looking at options to place a social worker in schools in the 98133 (Shoreline) ZIP Code with the Children's Administration reorganization. This project facilitated CA's capacity to work within a school setting at a much deeper level than before the project began.

All clients that were served under the Parkwood Project had at least one success. One family accomplished several successes and overcame many obstacles in order to keep their children in their home. The children in this family were not gaining weight. The parents worked hard to follow a feeding plan to help their children gain weight, which they did. They were able to complete a parenting class and the mother also participated in Promoting First Relationships 10-week home visiting relationship building class, where the child and the mother began to thrive in their relationship. The family became homeless during this time, but was able to find housing. They also found out their youngest child had a genetic defect which may also affect their other children. The dad

lost his job but the family never lost hope. They continued to fight for their children's best interest which was staying with their parents.

Due to budget restrictions, the Community Navigator contract was terminated at the end of the 2011 school year. The department continues to look at and investigate different ways to integrate into the community, enhance the department's relationship with the school, connect with communities on a different level, and provide effective services to families.

Island County/Stanwood

The Island County Network developed a plan with the local DCFS staff and an Island County Navigator Contract was signed in July/August 2010. The local group tailored the advisory and referral processes. The Island County Reasonable Efforts Team had an opportunity to review descriptions and objectives and gave full support.

Over the first few months of the project, the Community Navigator and DCFS staff met to discuss the project, including referral criteria and service protocols. This is a small rural office with a smaller case selection compared to the Whatcom County Navigator program. After consideration of families active with CA within a variety of programs, the team selected Family Voluntary Services as the focus for this project.

From August 2010 through June 2011, four families received Navigator services. These families received 156 service hours, for an average of 39 service hours per family. Three other referrals were made, with those families declining service.

One of these families involved a 19-month-old child who was living in a home with multiple safety hazards, including bugs, dirty diapers, and piled-up garbage. The father was in the military and gone for extended periods of time. The mother felt very isolated and openly stated she did not know how to parent her child. Another service, Project Safe Care, had been attempted, but the parents did not complete this service. Goals included working with the mother to eliminate household hazards, establish effective meal routines and to help her establish an appropriate social network. The Navigator worked with this mother over the next four months with these goals and creating a safe environment for her child. During this time, the mother secured more structured daytime care for her child while she worked, planned for her parents to move closer to provide family support, made progress on removing home hazards and overall home cleaning and developing social networks.

Another family referred involved working with a mother of a severely diabetic nine-year-old girl. The mother was not properly managing the child's medication, resulting in significant health risks to the child. Over a four month period, the Community Navigator worked with the mother to make her child's medical appointments, monitor blood sugar levels, address both the mother's and child's mental health needs and coordinate care

with the child's school. Unfortunately, the mother's demonstrated ability to care for her child did not substantially improve and the child was removed from her care.

The Community Navigator and DCFS staff continued to meet to work on establishing this project until the contract was terminated due to fiscal constraints in June 2011.

Walla Walla

The Walla Walla Network and the DCFS staff began meeting in the fall of 2009 to discuss this project and signed a contract with the Network to provide Navigator services in July 2010. Their focus was to begin working with local neighborhood organizing staff in Commitment to Community (C2C) to engage families in neighborhoods where they currently work.

Results of the contract were mixed but reflective of the reality of stressed families trying to survive as best they know how. Not every family referred was in a place in their life to be open to the opportunities that were offered. One teen was invited to multiple events, activities and opportunities with his Navigator, a Latino man. This Navigator is a natural magnet for teens. Even with all his effort at initiating contact, the teen chose not to engage. While disappointing, it is also a typical response and has to be put in context to the situation of that teen. Developing a relationship has to be mutual, and while the Navigator offered multiple opportunities, was there on the turf of the teen and spoke his language, the relationship did not take hold.

On the other hand, another Navigator readily connected with the mom with whom she was matched. This mother of three was homeless, and would not be able to reunite with her children until she had stable housing. Co-teaming with the Network Navigator, options for safe and affordable housing were quickly explored and evaluated. The mom went from feeling hopeless and helpless (her first efforts to find housing were unsuccessful and demoralizing) to a sense of hope that she would find adequate housing. Her initiative in following through with interviews and paperwork attested to her commitment to herself and her children. The flexibility and knowledge base inherent to C2C and the Community Network is exemplified in this example. Something as critical as housing was streamlined by working with the Navigator team, rather than one individual facing the barriers and hurdles alone; which is where this mom first started in her own search for housing. This is the strength of the Navigator principle.

The most involved match was a young mother of two boys, aged 6 and 2. The mom was in an unstable situation and was struggling to cope with many stresses in her life, including previous sexual abuse, neglect and many other adverse childhood experiences. What was quickly evident was her absolute passion for her two boys, although her parenting skills, since she had no model, were not always appropriate for the situations the two active children placed her in. Wary of outsiders and with

negative “systems” experience, this mom rarely made eye contact, often mumbled a response in a word or two, and was unreciprocal in any efforts to engage. Persistence and a continued focus on her passion for her boys and her interest in a career in criminal justice paid off. Slowly she began to accept the support and ideas for ways to broaden her limited world. She stabilized, enrolled in an online college program, and eventually both boys were returned to her successfully. When asked early on in the relationship with her Navigator, “What would make you feel safe in your apartment so you can show everyone how capable you are to care for your boys?” She responded, “A dead bolt so I know I won’t be sexually assaulted in my own home again.” The Navigator worked with the neighborhood ACE hardware store to install a solid deadbolt and striker plate. Within a week, the mom felt safe enough to return full time to her apartment, and to begin a plan for the return of the boys. There have been many instances in working with this mom where the “common sense” approach and building a sense of social connection and a sense of belonging brought her very important resilience building blocks for her to work into her life. She incorporated the Adverse Childhood Experience Study research into a paper she wrote for one of her classes. In the research paper, she acknowledged her own sense of shame and blame for her childhood and how she wanted to break that cycle for her and her boys. The resilience this young mother showed was noted by the Navigator. The reunification based in part on the Navigator’s support to this mother likely saved additional months of foster care expenses for the two boys.

Due to budget restrictions services under this contract ended June 30, 2011.

Conclusion

Our children are safer when more people in the community engage with and support socially isolated families. With the primary goal of child safety and reunification, this project used the flexibility offered in the budget to test new ways of building community partnerships. This showed an increase in neighborhood and natural supports for families engaged with the Children’s Administration. This proviso provided the opportunity for engaging communities as full partners with the state, both jointly taking responsibility to assure the safety and well-being of our children and their families.

The results of the Navigator work outlined in this report involved 99 families from July 1, 2009 to June 30, 2011. Information gathered from Navigators, families, and DCFS staff indicates that for families:

- They are more successful in creating social networks and accessing resources for parenting.
- There is an increased sense that parents and children have assets to bring to their families and community.

- Parents are able to more quickly reunify with their children in a safe manner or find a safe, permanent solution with community supports.
- Parents, their children, and the community are building more collaborative relationships with the Children's Administration to help achieve their goals.

Not all of the reunifications were smooth and not all families reunified. However, there is an increased understanding of the barriers and challenges in the family's process with the Children's Administration that families can now better address. Reunified families face challenges due to adolescent development and ongoing family issues, but with an increased support network. With an ongoing relationship with the Community Network, these families are linked to other community-building and neighborhood efforts.